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Research paper

Emotional blunting with antidepressant treatments: A survey among depressed patients

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ABSTRACT

Background: Emotional blunting is regularly reported in depressed patients on antidepressant treatment but its actual frequency is poorly understood. We have previously used qualitative methods to develop an appropriate scale, the Oxford Questionnaire on the Emotional Side-Effects of Antidepressants (OQESA).

Methods results: Six hundred and sixty nine depressed patients on treatment and 150 recovered (formerly depressed) controls (aged ≥18 years) participated in this internet-based survey. The rate of emotional blunting in treated depressed patients was 46%, slightly more frequent in men than women (52% versus 44%) and in those with higher Hospital Anxiety and Depression (HAD) scale scores. There was no difference according to antidepressant agent, though it appeared less frequent with bupropion. Depressed patients with emotional blunting had much higher total blunting scores on OQESA than controls (42.83 ± 14.73 versus 25.73 ± 15.00, $p < 0.0001$) and there was a correlation between total blunting score and HAD-Depression score ($r = 0.521$). Thus, those with HAD-D score > 7 (n = 170) had a higher total questionnaire score, 49.23 ± 12.03, than those with HAD-D score ≤7 (n = 140), 35.07 ± 13.98, and the difference between the two groups was highly significant. However, patients with HAD-D score ≤7 (n = 140) had a higher total score (35.07 ± 13.98) than the recovered controls (n = 150) (25.73 ± 15.00), and the difference between the two groups was significant.

Among the patients with emotional blunting, 37% had a negative perception of their condition and 38% positive. Men reported a more negative perception than women ($p = 0.008$), and patients with a negative perception were more likely to have higher HAD scores. Higher levels of emotional blunting are associated with a more negative perception of it by the patient ($r = -0.423$).

Limitations: Include self-evaluation and the modest size of the sample for detection of differences between antidepressants.

Conclusions: Emotional blunting is reported by nearly half of depressed patients on antidepressants. It appears to be common to all monoaminergic antidepressants. The OQESA scores are highly correlated with HAD depression score; emotional blunting cannot be described simply as a side-effect of antidepressants, but also as a symptom of depression. A higher degree of emotional blunting is associated with a poorer quality of remission. The OQESA scale allows the detection of this phenomenon.

1. Introduction

The antidepressant efficacy of selective serotonin reuptake inhibitors (SSRIs) in the management of major depression is well established. Among the positive impacts of treatment, patients generally report that they have less emotional pain with SSRIs than they had during their depressive episode. However, many treated patients also report that they suffer from a restriction in the range of emotions that they associate with normal living, such as the ability to cry or to feel enjoyment. This wholly subjective phenomenon associated with antidepressant treatment has been variously described as emotional blunting, emotional indifference, a diminution of emotional responsiveness or sensitivity, or a sense of numbing of emotion (Opbroek et al., 2002; Price et al., 2009; Sansone and Sansone, 2010).

There are currently no large-scale epidemiological studies on emotional blunting, though it has been suggested that most practising physicians may have encountered the phenomenon (Sansone and Sansone, 2010). There are a few data suggesting that emotional blunting may be quite prevalent. The results of a survey of 161 patients who had received SSRIs for depression reported that about 20% had an

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"inability to cry" and 46% had a "narrowed range of affect" (Bolling and Kohlenberg, 2004). Similarly, a cross-sectional study in 117 patients with major depressive disorder found that about 30% of patients on SSRI had some form of apathy (Fava et al., 2006).

This article describes an internet survey of patients receiving various classes of antidepressants, including SSRIs and serotonin and norepinephrine reuptake inhibitors (SNRIs), in order to estimate the prevalence of emotional blunting. The survey also examined a questionnaire designed to detect emotional blunting associated with antidepressant treatments (provisionally described as the Oxford Questionnaire on the Emotional Side-effects of antidepressants) (Price et al., 2012). Finally, we examined the impact of the level of depressive symptoms on emotional blunting.

2. Methods

2.1. Study design

This internet-based survey was conducted under market research protocols (so not clinical research) by the Vision Critical organization (www.visioncritical.com, Paris, France), via three national panels of English-speaking individuals aged ≥18 years in Canada (Angus Reid Forum, n = 98 000), the USA (Springboard America, n = 66 000), and the UK (Springboard UK, n = 40 000). Vision Critical is a member of ESOMAR (https://www.esomar.org). All participants had agreed to participate in consumer and medical surveys and gave their explicit consent for data to be published in an anonymized, aggregate way, but the protocol was not formally approved by a medical ethics committee.

The questionnaire had two parts: the first to screen the targets (depressed patients with emotional blunting and recovered non treated controls) and the second (main questionnaire) to explore emotional blunting in the two panels. All together, the time needed to complete the survey was around 20 min.

Invitations to participate were sent to 7966 (4194 in Canada, 2255 in the US and 1517 in the UK) individuals identified as having depression in an initial screening (March 2010). The survey was performed between 10 September and 8 October 2010 using the secure Sparq platform.

2.2. Panels

Subjects who had a probable lifetime diagnosis of depression were identified by a single question: whether a medical professional had given them a diagnosis of depression. Among this population, a group of depressed patients was defined who had been receiving an antidepressant treatment for at least 2 months (and who were still on treatment during the survey) and were either in remission or mildly depressed as assessed by a HAD depression sub-score ≤12 (Hospital Anxiety and Depression scale, auto-evaluation).

The controls, like the depressed patients, had a lifetime diagnosis of depression for which they had received antidepressant treatment, but they had stopped taking antidepressants at least 2 months previously and were in remission (HAD-D ≤ 7).

Patients or controls receiving additional psychotropic medications (antipsychotics, mood stabilizers or antiepileptics) were excluded from the survey.

2.3. Evaluations

The treated participants with depression were asked a single standardized screening question: "To what extent have you been experiencing emotional effects of your antidepressant?". The question was qualified by the explanation: "emotional effects vary, but may include, for example, feeling emotionally "numbed" or "blunted" in some way; lacking positive emotions or negative emotions; feeling detached from the world around you; or "just not caring" about things that you used to care about." Patients who replied "mildly," "moderately," or "severely" were asked to complete the full questionnaire (Price et al., 2012). Patients who replied "not at all" or "insignificantly" to the single standardized question were not asked to complete the full questionnaire.

The full questionnaire comprises three sections for a total of 26 items: Section 1 (12 items) explores the current experience of emotional blunting; Section 2 (8 items) relates the current experience of emotional blunting with the patient's recollection of their normal emotional state prior to their depression; and Section 3 (6 items) assesses the patient's perception of a link between the antidepressant treatment and the experience of emotional blunting, and whether this has affected compliance with treatment or induced plans to discontinue. Each item is rated on a 5-point scale ranging from disagree to agree. The depressed patients completed all three sections. They were also asked to rate the impact of emotional blunting in their daily life, which was measured on a graduated scale (VAS) ranging from very negative (0) to very positive (10).

The recovered controls completed the first two sections (20 items), but not the last section, which relates to current antidepressant treatment (Price et al., 2012).

2.4. Statistical methods

Patients with two or more antidepressant treatments were excluded from the analyses. Descriptive statistics using mean ± SD as well as median were provided for quantitative variables, and numbers and percentages of participants per class for qualitative variables. Differences between groups on quantitative variables tested were based on a Student's *t*-test for independent samples or on a single one-way analysis of variance, according to the number of groups, with a type I error α at 5% (bilateral situation). Corresponding estimate and standard error [E (SE)] of the difference between groups, as well as 95% two-sided confidence intervals (CI) were also provided. Correlations were based on Pearson correlation coefficient (r). All analyses were performed using SAS 9.1 software.

3. Results

The distribution of participants in the survey is shown in Fig. 1. The sample included 854 patients on antidepressants and 150 recovered controls. In the sample on antidepressants, 401 reported significant emotional blunting, of whom 91 were receiving more than one antidepressant. The latter were excluded to provide a more homogeneous population of depressed patients on monotherapy, for whom the rate of emotional blunting was 46% (310/669); 53% (453/854) reported no emotional blunting on the screening question.

The populations with and without emotional blunting and on a single antidepressant agent (n = 669) and the recovered controls (n = 150) are presented in Table 1. The phenomenon was slightly more frequent in men than in women, with 52% (98/187) of the men reporting emotional blunting versus 44% (212/482) of the women. There were no differences in age or other demographic variables for patients with or without blunting. The patients with blunting had been treated for a mean of 106.9 ± 93.6 months (median, 84 months, range 2–600 months) versus 103.7 ± 84.0 months (median, 87 months, range 2–600 months) for patients without emotional blunting. The demographics of the group of recovered controls were similar to those of the depressed patients. In general, patients with emotional blunting had higher HAD scores for depression (HAD-D) and anxiety (HAD-A) than those without.

There was no difference in the rate of emotional blunting by antidepressant agent (Table 2), which was generally between 43% and 56%. There were two outliers: emotional blunting appeared to be less frequent with bupropion (33% of 40 patients taking bupropion reported emotional blunting) and more frequent with duloxetine (75% of 36 patients taking duloxetine).